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Winter 2005-2006 | Edition 06



**Mandatory Online Licensure Renewal
Begins July 1, 2006 (p. 18)**

Official Publication of the Kentucky Board of Nursing



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It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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Charlotte F. Beason, EdD, RN

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president's message

NCSBN Learning Extension has launched a new self-paced online course called *Acclimation of International Nurses Into U.S. Nursing Practice* (the course is based upon content written by Paulette Rollant, RN, PhD, MSN, and Debi St. Godard Gamble, RN, MA, MSN). This course is designed for international nurses and students already practicing or preparing to practice in the U.S. The course helps facilitate a successful professional and personal acclimation by providing key information and by directing learners to additional resources for a more in-depth understanding of the various aspects of transitioning into the U.S. The content covers:

- Nursing practice regulation – including the role of boards of nursing and nurse practice acts.
- Health care regulation, standards, and accreditations – including OSHA, JCAHO, and HIPAA.
- Professional nursing practice – including the role and accountability of the nurse on the health care team.
- Common personal challenges to acclimating into the U.S. – including physical and psychosocial needs and the importance of building a support network and finding resources for a successful acclimation.

The course is offered through www.learningext.com for 6.6 contact hours and is \$40 for 3 weeks of access. Modules/lessons include:

Module 1: Acclimation to the Professional Nursing Role in the U.S.

- Lesson 1: The Regulation of Nursing Practice
- Lesson 2: Health Care Regulations & Accreditations

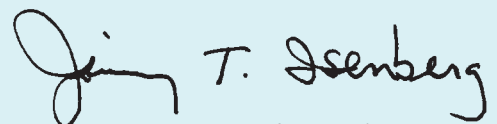
Module 2: Personal Acclimation – Role Changes in Practice and in Life

- Lesson 3: Acclimation to Professional Practice
- Lesson 4: Acclimation to Living in the U.S.

Learning objectives include: Discuss the process and organizations associated with the regulation of nursing practice in the U.S; discuss the process and organizations associated with the regulation of health care in the U.S.; recognize the personal challenges or issues associated with the adaptation to practicing as a licensed nurse in the U.S.; recognize the personal challenges or issues associated with the adaptation to living in the U.S.; and identify at least two resources to use to help have a successful acclimation to the professional and personal challenges as a nurse in the U.S.

Special thanks for the assistance provided during the development of this course from NCSBN staff Vickie Sheets and Mary Doherty and from the following Editorial Advisory Pool members and other Member Board representatives: Nathan Goldman – KY, Carol Marshall – TX, Renee Olson – ND, Laura Rhodes – WV-RN, Betty Sims – TX, Sue Tedford – AR, and Mary Beth Thomas – TX.

The live course may be viewed by using the Learning Extension guest login (go to www.learningext.com, enter username: ncsbnguest and password: elearning). Informational flyers for Member Board distribution are available from NCSBN by request.


Jimmy T. Isenberg, PhD, RN



executive director's message

With the implementation of new programs and increased use of technology, KBN continues to provide services that protect the public and meet the evolving needs of nurses and academic institutions across the state. 2006 will bring a continuation of successful services along with implementation of the mandated internship for new graduates, continued conversion to an annual online renewal process, and increased use of video teleconferencing to highlight practice issues and board initiatives. As a self-supporting agency, KBN will not receive funds from taxpayer's dollars for these services, instead the agency operates on monies collected as fees for licensure applications, credentialing and registration, continuing education provider approval, and other activities. KRS Chapter 314 and Kentucky Administrative Regulations 201 KAR 20:056-490 authorizes KBN to establish and collect fees. Based on projected revenue, KBN adopts a biennial budget using as a guide the Kentucky Board of Nursing Statement of Mission, Values, Vision and Goals. The KBN mission-driven budget is forwarded for review and inclusion in the Executive Budget that is submitted for review and approval by the Kentucky General Assembly during even-year sessions.

With a ratio of 3.5:1 RNs to LPNs, the past biennial renewal resulted in disproportional yearly revenue. In order to maintain a more balanced funding stream, KBN moved from a biennial to an annual renewal period for all licensees with LPNs beginning the process in 2005, and RNs starting in 2006.

KBN has experienced continual growth in activities and programs and an increased demand is projected for the future. The Consumer Protection Branch has seen a consistent increase in complaints and disciplinary action against nurses. In 2001, KBN implemented the Kentucky Alternative Recovery Effort (KARE) program to assist nurses with chemical dependencies to successfully return to the workforce. Over the past two years, participation in KARE has increased by 69 percent. Yearly, five dollars from each license renewal fee is directed for support of the KARE program and an additional five dollars goes to support the KBN administered Nursing Incentive Scholarship Fund that provides funds to individuals in prelicensure and advanced programs of nursing. It is also anticipated that requests for prelicensure program approvals and the number of advisory opinions issued by the board will increase.

KBN has made computer technology improvements over the last several years to enable web development and to keep pace with the ever-changing technological environment. Board and committee meetings are "paperless," eliminating costly duplication and mailing costs and resulting in more efficient use of staff resources. Additionally, web-based programs and paperless meetings increase the efficiency of the agency and drastically speed delivery of services to nurses and other stakeholders. Continued development of interactive web-based capabilities will enhance service to licensees and the public.

KBN will continue to implement cost effective, mission-specific programs. Information on each of KBN's programs as well as the Kentucky Board of Nursing Annual Report which contains financial information on revenue and expenses is posted on the Board's website at <http://kbn.ky.gov>. The Kentucky Board of Nursing Statement of Mission, Values, Vision and Goals which is used as a guide in program development and preparation of the biennial budget is also available on the website.

Charlotte F. Beason, Ed.D., RN

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- Cheryl Hickman, Chief Nursing Officer

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- Chris Altman, CRNA



Contact:

Brian Mullins
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HIGHLIGHTS OF BOARD ACTIONS

ARNP Council

Directed that Shala S. Wilson, MSN, BSN, RN, ARNP, CS, be appointed to the ARNP Council to replace Patricia Birchfield, ARNP, who was appointed to the Kentucky Board of Nursing.

Governance Panel

Directed that the photograph and notary requirements of any application for licensure be deleted.

Clinical Internship

Directed that out-of-state applicants/graduates who have unsuccessfully tested for the National Council Licensing Examination (NCLEX) shall pass NCLEX prior to completing the post-graduation clinical internship in Kentucky. Further directed that the Board establish research/outcomes assessment for the evaluation of the clinical internship, and directed that an Advisory Board be established to evaluate the outcomes assessment of the clinical internship. Further directed that nursing practice activities, which include influencing

and/or impacting direct patient care, be recognized as "nursing practice experiences which involve any component of direct patient care" and, therefore, meet the requirements for a clinical internship as defined in KRS 314.011(20).

Proposed Legislation

Approved the adoption of proposed legislation, 314.101, Excepted Activities and Practices – Work Permits – Withdrawal of Temporary Work Permits, and directed that a sponsor be sought for introduction in the 2006 session of the General Assembly.

Nursing Practice

Approved letters of response to the following opinion requests: Role of the RN in assigning patient hospital admission status (observation or inpatient admission) using a case management protocol to reduce unnecessary Medicare admissions; role of the LPN in initial nursing assessment of patients in a wound and hyperbaric outpatient department; roles of nurses in businesses offering

complementary/alternative or holistic practices; and delegation to unlicensed assistive personnel.

Disciplinary Actions

Approved 20 Proposed Decisions, and received reports on the approval of 41 Agreed Orders, 14 Consent Decrees, and 5 Removal of Licenses from Probation.

Nursing Education

- Directed that the BSN Program, Kentucky Christian University, Grayson, be granted full approval status.
- Approved the new location of the ADN Program at Galen College of Nursing, Louisville, and the new location of the LPN Program at West Kentucky Community and Technical College – Murray/ Calloway County, Murray, as the locations meet all requirements set forth in 201 KAR 20:350, Educational Facilities and Resources for Prelicensure RN and LPN Programs.
- Approved the new location of the LPN Program at Brown Mackie



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College, Fort Mitchell, as it partially meets the requirements set forth in 201 KAR 20:350, Educational Facilities and Resources for Prelicensure RN and LPN Programs. Further directed that the nursing program submit a formal response to the Education Committee recommendations for discussion at the February 2006 Education Committee Meeting.

- Directed that the ADN Program, Spencerian College, Louisville, be retained on conditional approval status. Further directed that, pursuant to 201 KAR 20:360, the nurse administrator and head of the governing institution or designee appear before the Board at its February 24, 2006 Board meeting to show cause that approval of the ADN Program be continued. Further directed that a plan of action for the requirements to be met and considerations given to the recommendations in the May 26 and November 8, 2005 Survey Report of the ADN Program be submitted to the Board by February 1, 2006.
- Accepted the application from ATA Career Education, Louisville, to establish an LPN Program, with stipulation that no class will be admitted before September 2006.
- Accepted the application from Somerset Community College, Albany, to establish an LPN Program extension.
- Directed that Gateway Community & Technical College LPN Program, Edgewood, be continued on conditional approval status for the immediate future.
- Directed that, pursuant to 201 KAR 20:360, Section 1, subsection 4, the following programs of nursing with a pass rate of less than 85% for one year shall be issued a letter of concern and the nurse administrator shall be requested to submit an analysis of the cause(s) of the high failure rate on the licensure examination and plans to correct the deficiencies in the future: BSN Program, Kentucky Christian University, Grayson; BSN Program, Thomas More College, Crestview Hills; ADN Program, Lincoln Memorial University, Corbin; ADN Program, Owensboro Community & Technical College, Owensboro; and ADN Program, Western Kentucky University, Bowling Green.

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Continuing Competency Requirements

by Mary Stewart, Continuing Competency Program Coordinator

Change in Earning Periods for All Nurses

All nurses licensed by KBN must be able to provide validation of continuing education/competency for each yearly earning period. LPNs began the yearly renewal of license this past October. RNs will begin the annual renewal process in 2006. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

Earning Period	For Renewal By	#CE Hours
LPNs		
11/1/05 – 10/31/06	10/31/06	14*
11/1/06 – 10/31/06	10/31/07	14 *
RNs		
11/1/04 – 10/31/06	10/31/06	14 *
11/1/06 – 10/31/07	10/31/07	14 *

*or equivalent

Each year KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period.
8. College courses, designated by a nursing course number, and courses in physical and social sciences will count toward CE hours. One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.

Domestic Violence CE Requirement: There is a requirement to earn 3 contact hours of approved domestic

violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Pharmacology and Sexual Assault CE Requirements:

ARNPs are required to earn 5 contact hours of approved CE in pharmacology. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

HIV/AIDS CE Requirements: The 2 hours of mandatory HIV/AIDS CE can be earned once every 10 years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. Nurses are required to maintain proof of earning the CE for up to 12 years.

CE Requirements for New Licensees: All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Academic (College Credit) Courses Used to Meet CE Requirements:

College courses, designated by a nursing course number, and courses in physical and social sciences (i.e., Psychology, Biology, and Sociology) may be used to meet CE requirements. Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, as well as CPR/BLS, in-service education, or nurse aide training. ACLS or PALS courses are acceptable for CE hours if given by an approved provider. If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to KBN for review of the course at a cost of \$10. The application must be submitted to KBN by 11/30 of the licensure year.

Changes in Licensure Regulations Pertaining to Refresher Courses:

Changes have been made to KBN Administrative Regulations 201 KAR 20:095, 110, 225. All nurses wishing to endorse into Kentucky from another state, reinstate a lapsed license, or change their status from inactive to active should be aware of these changes. If you have not been engaged in nursing practice during the 5 years preceding the date of the application (for at least 500 hours), completion of an approved refresher course or the earning of 120 approved contact hours will be required. KBN approved providers offering refresher courses are listed on the KBN website. Refresher courses approved by other boards of nursing are also accepted. Contact the individual providers for detailed information.

Additional information about CE/competency can be found on the KBN website at <http://kbn.ky.gov/education/ce.htm>.

"Our nurses are such great teachers, the ones I have been assigned to work with are awesome."

Nikki Christian, OMHS Nurse



Nurses have numerous employment options. Sorting through offers and incentives can be challenging, especially for graduates with no previous nursing experience.

But for Nikki Christian it was a straightforward decision; the seasoned surgical technician knew where she wanted to put down her career roots.

"There was no question about where I wanted to work when I finished nursing school," said Christian, who worked at hospitals in the Owensboro region for six years, "falling in love" with nursing while observing nurses during her tenure in hospital operating rooms.

Christian, who came to work at OMHS as a nurse extern following her third semester of nursing school, worked seven months in the Coronary Care Unit. Today, she is a nurse graduate and is a full-time Intensive Care nurse. She considers nurses at OMHS a significant part of her education.

"Our nurses are such great teachers," she said. "The ones I have been assigned to work with are awesome."

The next steps for Christian include a bachelor of science in nursing and eventually becoming a nurse anesthetist. But she said she knows where she wants to be.

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Middlesboro ARH Hospital

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Whitesburg ARH Hospital

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Providing healthcare services to our patients and families in Central Appalachia gives nurses the opportunity to apply state-of-the-art knowledge and skill. Appalachian Regional Healthcare (ARH) has embarked on a new era, implementing positive changes that maximize the knowledge, skill and dedication of nurses, developing an environment predicated upon the use of "evidence-based nursing practice". Our nurses have the opportunity, working as a member of an integrated, multidisciplinary team, to impact the lives of individuals seeking care in an ARH facility. Through evidence-based nursing practice, patients and their families are assured the best nursing care in our region.

Russ McGuire, PhD, RN, CNA, BC

(Dr. McGuire is the System Chief Nursing Officer for ARH and a part-time Assistant Professor at the University of Kentucky's College of Nursing)

Since the publication of the fall edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/kbn/downloads/discipline.pdf>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICES ISSUED

Castle, Donna L. Daniel Billiter	DOB 7/14/1961	Paintsville KY	Cease and Desist Notice Mailed 9/7/05
Vinson, Edra L. McCoy	DOB 10/5/1971	Louisa KY	Cease and Desist Notice Mailed 9/7/05

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

Alley, Marla Faye Bell	RN #1091999 & LPN #2030178 (Lapsed)	Monticello KY	Eff. 10/3/05
* Bertsch, Mark A.	RN #1099940	Sellersburg IN	Eff. 12/21/05
Bowles, Anne Marie Melton	RN #1073560	Louisville KY	Eff. 12/12/05
* Callahan, Susan E. Shelton	LPN #2027333	Mansfield OH	Eff. 10/3/05
Holland, Nelva Oma Jean	RN #1088067	Harrodsburg KY	Eff. 9/28/05
* Holloway, Margo G. Goss	RN #1070966	Maysville KY	Eff. 8/30/05
* Hoskins, Vickie J.	LPN #2033633	Baxter KY	Eff. 12/12/05
* Mason, Carolyn J. Mase	LPN #2024784	Richmond KY	Eff. 12/12/05
Masters, Dawn M. Rigdon	RN #1062680	Morehead KY	Eff. 10/20/05
Shattuck, Keely A.	RN #1050362	Middlesboro KY	Eff. 9/2/05
* Wright, Tasha N. Jackson	RN #1104495	Bedford KY	Eff. 10/31/05

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Adkins, Barbara L. Brown	RN #1079682	Hendrick KY	Eff. 10/24/05
* Brady, Andrea Marie Baker	LPN #2036526	Vine Grove KY	Eff. 10/6/05
Causey, Tammy Ann Doolin	LPN #2029238	Owensboro KY	Eff. 12/19/05
* Day, Pamela S. Merrill.	LPN #2018244	Wootton KY	Eff. 10/10/05
* Estep, Rhonda Gayle Napier	RN #1080033	Manchester KY	Eff. 10/10/05
French, Christina Marie Cash	RN #1096226	Arlington KY	Eff. 9/7/05
* Fuller, Anne L. Chapman	RN #1072404	Henderson KY	Eff. 11/4/05
Gann, Sharon J.	LPN #2037481	Mayfield KY	Eff. 10/31/05
* Gilkison, Jane E. Cunningham	RN #1054103	Lawrenceburg KY	Eff. 11/22/05
* Hettinger, Diana Lynn Triplett	RN #1026601	Louisville KY	Eff. 10/31/05
* Poynter, Katrina Michelle Cox	LPN #2031689	Glasgow KY	Eff. 10/18/05
* Richardson, Lisa Jo Mozzali	RN #1080551	Louisville KY	Eff. 11/4/05
* Ricketts, L'Pree Corum	LPN #2022994	Sturgis KY	Eff. 8/30/05
* Rowland, Cynthia Nadine	LPN #2031155	Carrollton KY	Eff. 1/6/06
Sexton, Diana Gay Terry	RN #1086964	Helenwood TN	Eff. 10/10/05
* Shumate, Tammy Aileen Tedder	LPN #2033003	Charlestown IN	Eff. 9/21/05
Thelen, Carol L. Pennington	RN #1067868	Edgewood KY	Eff. 10/31/05

LICENSE REVOKED

* Frazier, Rebecca Joanna	RN #1104686	Frankfort KY	Eff. 8/28/05
* Green, Pamela S. Sandlin	LPN #2037499	Berry KY	Eff. 8/28/05
* Hale, Karry L.	LPN #2037759	Independence KY	Eff. 8/28/05
* Meadows, Mary E. Miller	RN #1065581	Somerset KY	Eff. 8/28/05
* Poynter, Christopher Grant	LPN #2036495	Somerset KY	Eff. 8/28/05

LICENSE SUSPENDED

* Benigno, Marisel Seno	RN #1103135	Louisville KY	Eff. 10/14/05
* Campbell, Temicka Mechelle	LPN #2038589	Nashville TN	Eff. 10/14/05

LICENSE CONTINUED ON SUSPENSION

* Ford, Amanda Gail Ellis	LPN #2035387	Rose Hill VA	Eff. 10/14/05
* McPeeks, Malta H. Hurley	LPN #2035921	Kite KY	Eff. 10/14/05

LICENSE VOLUNTARILY SURRENDERED

Balmer, Monica M.	RN #1079252	Clarksville IN	Eff. 11/21/05
Belcher, Mia S.	RN #1105224	Mount Vernon IN	Eff. 11/21/05
Blackburn, Christy Lee	RN #1091689	Bowling Green KY	Eff. 11/21/05
Bottorff, Janice Hadley	LPN #2013192	New Albany KY	Eff. 11/21/05

LICENSE VOLUNTARILY SURRENDERED continued

Evans, Steven Loyd	LPN #2030434	Owensboro KY	Eff. 9/27/05
George, Rhonda Graham Denham	LPN #2021679	Russell Springs KY	Eff. 10/18/05
Hill, Susan Carol Waller	RN #1038636	Sebree KY	Eff. 10/18/05
Hood, Michael Lee	RN #1083996	Bowling Green KY	Eff. 9/27/05
Hunzicker, Glenda L. Wills	RN #1054810	Covington KY	Eff. 10/18/05
Jarboe, Elizabeth A. Lewis	RN #1071531	Louisville KY	Eff. 9/27/05
Rountree, William Donald	RN #1029493	Louisville KY	Eff. 9/27/05
Rucker, Sherwin E.	RN #1054604	Blackey KY	Eff. 10/18/05
Stephens, Saundra Kathleen Wise	LPN #2026578	Winchester KY	Eff. 10/18/05
Willis, Susie Ann Lauderdale	LPN #2031671	Burkesville KY	Eff. 9/27/05

LICENSE DENIED REINSTATEMENT

Saylor, Gary R.	RN #1068442	Richmond KY	Eff. 10/14/05
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LICENSE SUSPENDED AND STAYED/LIMITED-PROBATED

Goddard, Pamela Sue Quinton	RN #1104437	Kitts Hill OH	Eff. 11/21/05
Hatton, James	LPN #2032578	Hazard KY	Eff. 10/18/05
Wenninger, Terri L. Privette	RN #1054788	Crestwood KY	Eff. 9/27/05

LICENSE TO BE REINSTATED LIMITED/PROBATED

Chewning, Sarah Dixon	RN #1079448	Hopkinsville KY	Eff. 10/14/05
Gettlefinger, Judy Mathews	RN #1035485	Jeffersonville IN	Eff. 10/14/05
Spurlock, Susan Raye Carter	RN #1085708	Prestonsburg KY	Eff. 10/18/05

LICENSE LIMITED/PROBATED

Cohen, Andre Kostalanti	LPN #2038554	Radcliff KY	Eff. 10/18/05
French, Jacklyn Denese Williams	LPN #2031955	Elizabethtown KY	Eff. 11/21/05
Giedd, Marcia Lyn Wheeler	RN #1096422	Paducah KY	Eff. 11/21/05
Lopotosky, Marci Lynn Porritt	RN #1078280	Glasgow KY	Eff. 11/21/05
Maupin, Barbi Jane Cheatham	RN #1086152 & LPN #2030710 (Lapsed)	Hustonville KY	Eff. 10/18/05
McCloskey, Kimberly L. Hebert	LPN Applicant/ Endorsement	Rockport IN	Eff. 10/18/05
McCurdy, Sherri Lynn Shoots	RN #1091793	Sellersburg IN	Eff. 10/18/05
Sheehan, Patricia Parrott	RN #1066241	Bonita Springs Fl	Eff. 10/18/05

REPRIMAND

Beatty, Rebecca Darlene	LPN #2029229	Fordsville KY	Eff. 9/27/05
Charles, Rachel Marie Robinson	RN #1097025	Raceland KY	Eff. 9/27/05
Christian Sandra L. Sharp	LPN #2021410	Lewisburg KY	Eff. 11/21/05
Davis, Lana Fay Nacke	RN #1048431	Rockfield KY	Eff. 11/21/05
Disser, Anthony	RN Applicant/ Endorsement	Louisville KY	Eff. 10/18/05
Gribbins, Donna S. Chamberlain	LPN #2038138	Smithfield KY	Eff. 10/18/05
Kelly, Michelle Charlotte	RN #1025935	Louisville KY	Eff. 9/27/05
Murray, Trudy Knight	LPN #2011595	Edgewood KY	Eff. 10/18/05
Saavedra, Edgar Quinanola	LPN #2036851	Wallins Creek KY	Eff. 10/18/05
Salisbury, Kimberly F. Salyers	LPN #2026911	Hazard KY	Eff. 10/18/05
Sark, Beth Ann Salyers	RN #1091878	Argillite KY	Eff. 10/18/05
Sims, Lee Meredith	LPN #2032928	Harrodsburg KY	Eff. 9/27/05
Sizemore, Carolyn Sue	RN #1037841	Madisonville KY	Eff. 9/27/05
Tinnell, Robin R. Carmicle	LPN #2025421	Shepherdsville KY	Eff. 9/27/05
Weatherholt, Cindy Joy Carnie	RN #1099058	Ashland KY	Eff. 9/27/05

CONSENT DECREES ENTERED AUGUST 30, 2005 – DECEMBER 12, 2005

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP6

Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license.....8

LICENSES REMOVED FROM PROBATION AUGUST 30, 2005 – DECEMBER 12, 20056

MANDATORY ONLINE LICENSE RENEWAL BEGINS JULY 1, 2006 (see p. 18)

Renewal Notification

by Joyce A. Bonick JD, RN, Credentials Manager

Mandatory Online Renewal

Mandatory online renewal of ALL nursing licenses, registrations, and credentials will begin with the 2006 renewal. The online renewal system will be activated July 1, 2006. KBN's renewal website is a secure system located behind two firewalls, using 128 bit encryption. In addition to decreasing KBN renewal expenses, the process is convenient for the licensee. Using any computer with Internet access, you may renew a license at any time of the day, on any day of the week, and receive immediate confirmation that KBN received the renewal application. You may change your address at the same time the license is renewed, assuring that the new license card will be sent to the correct address. To renew online, you will need your license number, social security number, date of birth, and the following payment information: MasterCard or Visa debit or credit card or your bank routing number and checking or savings account number. A single-use credit card may also be purchased from many banks.

If you hold both an RN and an LPN nursing license and wish to renew both licenses, you will have to access the online renewal twice and enter your credit card or bank account information twice. If you hold both a RN and LPN license and wish to renew only one of those licenses, the license number you enter with your social security number and date of birth is the license that will be renewed.

2006 Renewal Notification

Only those Kentucky licensees holding a current, active nursing license will receive notification of the 2006 license renewal. Notification will be sent by postcard, via the United States Postal Service on or about July 5, 2006 and will include the KBN web address for renewing your license and a reminder that the renewal period is between July 1 and October 31, 2006.



No Name Change During the Renewal

Name changes may not be made on the renewal application. You must submit a request for a name change with the \$35 fee and legal evidence of the name change. Legal evidence may be a copy of a social security card, marriage license, divorce decree, or other court ordered name change document. Submit requests for a name change prior to renewing your license so that the renewed license you receive will be issued in the correct name. For additional information, email SharonL.Minniefield@ky.gov.

Retired Licensure Status

Beginning November 1, 2006, RN's may apply online for a retired licensure status. A paper version of the retired licensure status application will be available on the KBN website beginning September 2006. There is a one-time processing fee of \$25. The retired licensure status will not require a renewal process and, therefore, will not have an expiration date. If you choose to apply using the paper application, return the completed retired status application with the \$25 fee and your current license card (if applicable) and a retired status card will be issued to you. If you are an RN with a current active license and wish to retire on November 1, 2006, do not renew your active nursing license. Since the retired status was available for LPNs after the 2005 renewal, LPNs may now apply for a retired status at any time. If you have any questions, email LouL.Johnson@ky.gov.

Inactive RN Licensure Status

Effective November 1, 2006, there will no longer be an inactive licensure status. An RN who currently holds an inactive license will have the option of applying to change the license to an active status upon earning the required continuing competency requirements or letting the license lapse. A lapsed license does not mean that any disciplinary action was taken on the license. An RN may change an inactive licensure status to active status at any time by completing the Universal Application for Licensure, which is available for downloading from the KBN website, and by providing evidence of completion of the required continuing competency requirements. An inactive license changed to an active status beginning June 1, 2006 will expire on October 31, 2007. For additional information, email LouL.Johnson@ky.gov.

Licensure Update During Hurricane Katrina Aftermath

One of the core values of KBN is responsiveness by "demonstrating care and concern in all endeavors." During the Hurricane Katrina disaster, the Board made the decision to waive the application fee for nurses who were displaced by Hurricane Katrina and who were seeking licensure in the Commonwealth of Kentucky. Nineteen nurses have taken advantage of the Board's responsiveness to their immediate and unexpected needs.

PRACTICE ANALYSIS SURVEY

The National Council of State Boards of Nursing expects to begin mailing a practice analysis survey to 20,000 randomly selected RNs beginning in January 2006. The results of the survey will be used to describe the practice activities of experienced nurses in order to investigate whether there is a core set of nursing competencies for all RNs. The researchers encourage all selected nurses to participate as this study offers a unique opportunity to contribute to the nursing profession.

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The Trover Foundation/Murray State University Program of Anesthesia is accepting applications for enrollment in classes offered at St. Claire Regional Medical Center in Morehead, Kentucky

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Requirements for admission include academic prerequisites, a BSN degree from an accredited university, and at least one year of experience in critical care

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The Law and Your License

(Tips for preventing Rx drug abuse/fraud within the nursing profession)

Preventing and identifying Rx drug abuse/fraud is a growing concern within the nursing profession. Strict adherence to established policy and law is a simple way to avoid administrative sanctions and criminal repercussions. The following are common issues encountered by the Louisville Metro Police Prescription Drug Squad during investigations of nurses involved in Rx fraud/abuse:

- Do not provide your Pyxis access code to fellow employees. Maintaining confidential access codes is typical facility policy and helps to protect you should a theft investigation develop. Protect yourself and the facility . . . keep those access codes to yourself!
- Ensure **any** theft of a controlled substance is reported to **both the DEA and your local police**. Theft of a controlled substance is defined as a crime in both Federal (21 United States Code, Section 841) and Kentucky state law (KRS 218A.286).
- Kentucky Revised Statute (314.031) requires any person to report to the Board any nurse who is suspected of abusing, misusing, or misappropriating controlled substances. Don't make a bad situation worse by not reporting. Metro Police routinely report the arrest of a nurse to the Board of Nursing.
- Verify nursing licenses and disciplinary actions at least bi-annually by visiting the KBN website at <http://www.kbn.ky.gov> (Online Services).



Rx drug abuse is the number one narcotics issue facing the United States.

Be part of the solution... not the problem

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Central State Hospital is an adult psychiatric hospital located in Louisville, KY. Our mission is to provide high quality psychiatric care for adults with serious mental illnesses in order to successfully return them to community living. For over 125 years we have developed a tradition of quality care by assembling compassionate and knowledgeable professionals, working together as a team to provide multidisciplinary insight and treatment for those we serve.

Adjacent to one of the area's largest community parks, Central State is a modern 192 bed facility located within the eastern suburbs of Louisville. We are easily accessible to the major highways and thoroughfares in Louisville, and serviced by the public transportation system. Our on-site parking is ample and free.

We are searching for RNs and LPNs to join our professional staff of caregivers. As a respected and valued professional, you will have the opportunity to work as a member of a team of qualified and dedicated professionals in planning and implementing care for patients on one of our treatment programs. Full time and part time positions are available.

RN candidates must have an RN degree and unrestricted KY nursing license. LPN candidates require 18 months of training beyond the high school level in nursing and a KY Practical Nursing license. Previous psychiatric experience is preferred, but not necessary. Candidates must have good computer skills.

We offer an enhanced salary and benefits package. Please send resumes to: Central State Hospital, Attention: Human Resources Department, 10510 LaGrange Rd, Louisville, KY 40223 • Or email to csh.recruiter@ky.gov

Central State Hospital is an Equal Opportunity Employer F/M/D/V



Safety Issues with Patient-Controlled Analgesia

Part II – Practical Error-Reduction Strategies

Article reprinted from *ISMP Medication Safety Alert! Nurse Advise-ERR* (February 2005, Volume 3, Issue 2), with permission by the Institute for Safe Medication Practices.

Part II presents a checklist of strategies related to practice, systems, products, and pumps that nurses can employ to reduce the risks associated with this patient-centered technology.

When selecting a PCA pump for purchase . . .

- Perform a failure mode and effects analysis (FMEA) using the actual PCA pump under evaluation. Examples of questions to explore:
 1. Can the pump be programmed easily to deliver the desired concentrations?
 2. Is the pump operation intuitive for the clinician and patient?
 3. Does the pump provide visual and/or auditory feedback to patients when the activation button is pressed?
 4. What are the default settings for the opioid concentrations in use?
 5. Does the pump employ *smart* technology to alert users to unsafe doses or programming errors?
 6. Do the drug names, units of delivery, and strengths appear in a logical sequence?
- Limit PCA pumps to a single model throughout the organization to promote proficiency with programming.

Before distributing new PCA pumps to clinical units . . .

- Verify that all pump default settings are set up as expected (zero if possible, or the highest concentration available for the opioid).
- Attach programming instructions to each pump for user reference.
- Place a warning label on the PCA activation button that states “FOR PATIENT USE ONLY.”
- Teach nurses to program PCA pumps, and verify their ability to enter a PCA prescription. Ensure that training occurs close to the introduction of new pumps. Offer practice sessions to maintain proficiency.
- Run simulations in which staff

purposely write incomplete orders; select an inappropriate drug or dose; misprogram a pump; ignore double checks; forget critical monitoring points; and miss obvious signs of toxicity so that clinicians can identify these at-risk behaviors.

Before initiating PCA . . .

- Perform a FMEA on the PCA process to identify and reduce areas of risk (for an example, visit www.ismp.org/d/FMEAofPCA.pdf).
- Establish patient selection criteria for PCA, requiring an appropriate level of consciousness and cognitive ability to self-manage pain. Infants, young children, and confused patients are unsuitable candidates.
- Educate patients about the proper use of PCA before initiation. Begin during the preoperative testing visit, if possible, so patients are not too groggy to understand. Warn patients, family members, and visitors that no one except the patient should press the PCA button to deliver a dose.
- Design standard order sets that follow the pump’s programming sequence for drug selection, doses, and lockout periods. Include required patient monitoring and

precautions such as avoiding concomitant analgesics, and how and when to administer oxygen and naloxone (**NARCAN**).

- Design standard flowsheets to document PCA doses and patient monitoring (for an example, visit www.ismp.org/d/PCAFloowsheet.pdf). Include prompts to document vital signs, pulse oximetry or capnography (measurement of respirator CO₂ if used, pain and sedation scales, the drug and concentration, and cumulative doses over time).
- Develop monitoring requirements for PCA patients. Identify risk factors that could increase respiratory depression (e.g., obesity, low body weight, concomitant medications that potentiate opioids, preexisting conditions such as asthma and sleep apnea) and determine special monitoring required for these patients (e.g., capnography, apnea alarms at night).
- Designate the infrequent situations where critical care patients may be suitable for nurse-controlled PCA, and the level of enhanced monitoring (e.g., capnography,

continued on Page 23

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separate flowsheet for more frequent documentation) that would be required for these patients.

- Educate nurses to recognize the signs and symptoms of opioid toxicity and withdrawal, the need to assess patients using minimal verbal or tactile stimulation, and the ability to distinguish between oversedation and other pulmonary, neurologic, or cardiovascular complications.
- Work with pharmacy to create and update charts or cards that contain relevant information about the PCA opioids used in your facility, including the differences between HYDROMORPHONE (**DILAUDID**) and morphine.
- Provide ongoing education to clinicians about PCA errors that have occurred within the organization, as well as those that have been published in the literature, to build awareness.
- Require initial and annual competency assessments for all professionals who prescribe, dispense, and administer PCA.

When accepting/transcribing/verifying PCA orders . . .

- Check patient allergies, which should be visible on order forms/screens.
- Require the use of standard PCA order sets (all sections completed) and limit verbal orders to dose changes only.
- Accept PCA orders with opioid doses expressed mg or mcg, not volume (mL). *Exception: some epidural PCAs (e.g., HYDROMORPHONE/bupivacaine) may be prescribed by volume (mL).*
- Ensure that the PCA prescriber has undergone a privileging process to verify proficiency. An updated list of privileged prescribers would help).
- Verify the PCA order with a pharmacist if meperidine (**DEMEROL**) is prescribed (meperidine should only be used if patients are allergic to other PCA drugs), or if fentanyl is prescribed by anyone except anesthesia staff, pain management teams, or critical care prescribers.
- Use tall man lettering when transcribing HYDROMORPHONE PCA orders onto the MAR to help avoid confusion with morphine.
- When evaluating the safety of PCA doses, consider other medications

that the patient has received (e.g., analgesics taken at home, intraoperative medications), other medications prescribed (e.g., antihistamines, nighttime sedatives), and the maximum potential dose over 24 hours.

When receiving or selecting PCA medications . . .

- Establish one standard concentration for each PCA opioid.
- Stock only standard concentrations of morphine and HYDROMORPHONE on units. Require pharmacy to dispense meperidine PCA to ensure proper renal dosing and monitoring. (Meperidine can cause neurological harm from accumulation of its metabolite, normeperidine.)
- Use prefilled syringes/bags/cassettes when available commercially. Have pharmacy prepare all PCA products that are not commercially available.
- Separate the storage of HYDROMORPHONE and morphine PCA syringes/bags/cassettes in units to avoid mix-ups.
- Require a pharmacist to review all PCA orders before initiation.
- Ask pharmacy to use tall man lettering on labels and computer-generated MAR entries for HYDROMORPHONE to differentiate it from morphine.
- Ask pharmacy to affix prominent warning labels if dispensing an opioid in a nonstandard concentration. Store the drug separately on the unit.
- Ask pharmacy to alert clinicians to drug shortages with PCA opioids and to provide clear dosing instructions for alternative drugs dispensed.

When initiating and maintaining PCA . . .

- Check patient allergies, which should be visible on the MAR.
- Ask patients and their families questions about PCA, and require patients to demonstrate pump activation, to ensure understanding.
- Connect PCA to a port close to the patient (to avoid dead space) and prominently label the infusion line to avoid mix-ups with other lines.
- Require two clinicians to independently double check the patient's identification, drug and concentration, PCA pump settings, and the line attachment before initial use, pump refill, or programming change. Bedside bar

coding can verify the patient and drug/concentration, but pump settings may still require an independent check (unless smart pumps are used).

- Verify PCA settings each shift, immediately after receiving report.
- Avoid administering concomitant opioids (an alert should appear on the MAR), and administer anxiolytics with caution.
- Have oxygen and naloxone readily available.
- Avoid nurse-controlled PCA unless enhanced monitoring is in place.

When monitoring the effects of PCA . . .

- Initiate enhanced monitoring if nurse-controlled PCA is employed.
- At a minimum, assess PCA patients every 4 hours. Monitor patients more frequently in the immediate period following initiation, and during the first 24 hours and at night, when hypoventilation and nocturnal hypoxia may occur.
- Keep standardized PCA flowsheets at the bedside to document PCA doses and patient monitoring.
- Use a standard sedation scale with variables such as response to verbal commands and activity (e.g., Ramsey, Riker, MAAS [see Table 2 at www.sccm.org/pdf/Sedatives.pdf]), and a developmentally appropriate, pain measurement scale to assess PCA patients.
- Assess patient's sedation level using minimal verbal/tactile stimulation.
- Do not rely on pulse oximetry readings alone to detect opioid toxicity. If capnography is not available for all PCA patients, reserve its use for those at risk for toxicity, and with nurse-controlled PCA.
- Reassess the appropriateness of PCA therapy at regular intervals.

Error awareness and reporting . . .

- Monitor the use of naloxone to identify adverse events related to PCA.
- Report errors and problems with pump programming or assembly to your facility, FDA, and external error-reporting programs (ISMP, ECRI).
- Read current literature and manufacturer materials concerning PCA to stay abreast of hazards and to proactively address known problems.

BIG CITY MEDICINE SMALL TOWN FEEL

NURSING OPPORTUNITIES AVAILABLE THROUGH THE OMHS HEART CENTER PARTENRSHIP WITH JEWISH HOSPITAL

Nurses seeking a full-service hospital that provides advanced care with compassion need look no further than Owensboro Medical Health System (OMHS). Nestled in the center of Kentucky's third largest city, OMHS provides care to patients in an eleven-county area in Western Kentucky and Southern Indiana with a mission to heal the sick and to improve the health of the community.

Nursing opportunities currently available in Owensboro include the OMHS Heart Center, a partnership with Louisville's Jewish Hospital, world-renowned for heart care. Nurses care for patients benefiting from the latest technology, proven methods and research available at OMHS – all customized by Jewish Hospital.

More than a dozen clinical protocols established by Jewish Hospital continue to improve quality for OMHS patients. Staff members make clinical observations at both hospitals in surgery, anesthesia, cath lab, open-heart recovery and respiratory care.

Liz Belt, executive director for cardiovascular services and assistant vice president, Jewish Hospital, is stationed full-time at OMHS, leading a team of 250 employees dedicated to cardiac care.

SURGERY/TREATMENT OPTIONS

Beating heart surgery, also called "warm-heart", is the predominant open-heart technique at OMHS. With beating heart, surgeons allow the patient's heart to continue beating instead of stopping the heart and using a heart and lung machine to pump blood and oxygen through the patient's body. The procedure is less invasive, provides higher levels of safety and results in less stress on the body, fewer complications, shorter hospital stays, fewer blood transfusions and a decreased risk of stroke and death.



Involving patients in their care provides better long-term outcomes, so OMHS offers a preadmission teaching and testing program for open-heart surgery patients, with instruction on medication, nutrition and exercise.

Within 18-24 hours after surgery, patients are admitted to Cardiac Stepdown, a 30-bed unit where patients typically stay 3-5 days following open-heart surgery, said registered nurse Craig McFadden.



McFadden

A frontline nurse for more than 24 years, McFadden said that the Heart Center partnership equips nurses "to provide more effective, direct care for heart surgery patients."

The hospital developed standards of care using Jewish Hospital protocols and by gathering input from cardiac and critical care unit nursing staff. Nurses must complete required training and demonstrate that they are qualified to care for patients by OMHS Heart Center standards at the end of the paragraph.

And McFadden says OMHS provides a first-rate program for new nurses to become successful caregivers.

"Our preceptor program is wonderful," McFadden said. "It helps bridge new graduates into the profession and welcome nurses from

other facilities into our job line. Nurses work one-on-one with an experienced nurse as a preceptor and mentor.”

“We give a good, honest effort at preparing new nurses to join our facility,” he said.

LESS INVASIVE ADVANCED CARE

In addition to bypass surgery, heart patients are benefiting from other advanced treatment options:

- The OMHS cath lab is equipped with a new radio frequency controlled device that enables cardiologists to place stents into 100 percent blocked arteries, providing more patients with less invasive treatment for heart disease.
- Heart attack patients are receiving care more quickly than ever before. The time it takes to get them from the emergency department to the cath lab to open blocked arteries is consistently lower, with an average of 76 minutes compared to the 90-minute standard.
- Patients with Atrial Fibrillation (irregular heartbeat) have a non-invasive surgical option that uses microwave energy. Assisted by a tiny camera, the surgeon guides a flexible catheter to operate on a beating heart. It does not require opening the chest, use of a heart and lung machine or stopping the heart at any time. Patients are discharged in a day or two.

In 2006 OMHS is making more advancements with additional heart care

services. Initiatives include added specialization in women’s heart services, establishing an accredited chest pain center and finalizing a partnership for clinical research trials through the Jewish Hospital Center for Advanced Medicine.

The Hospital’s 200-member medical staff includes more than three-dozen specialties, including 11 cardiologists and two heart surgeons.

STAFFING AND SCHEDULING

OpitLink, OMHS’s new staffing and scheduling software measures staffing needs by factoring patient acuity with the total number of admissions, transfers and discharges. The system provides nurses on many units with a self-scheduling option and e-mail accounts to communicate scheduling preferences and requests to managers.

OMHS NURSING VISION

Nurses at OMHS are professional leaders empowered through knowledge, skill and compassion to provide excellent care. As patient advocates, we proudly embrace the ideals of respect, service and teamwork.

NURSE GRADUATE CHOOSES OMHS

Nurses have numerous employment options, almost too many at times. Sorting through offers and incentives can be tricky, especially for graduates without nursing experience.

But for Nikki Christian it was a straightforward decision; the seasoned surgical technician knew where she wanted to put down her career roots.

“There was no question about where I wanted to work when I finished nursing school,” said Christian, who worked at hospitals in the Owensboro region for six years, “falling in love” with nursing while observing nurses during her tenure in operating rooms.

Christian, who came to work at OMHS as a nurse extern following her third semester of nursing school, spent seven months in the Coronary Care Unit. Today, she is a nurse graduate and is a full-time Intensive Care nurse.

She considers nurses at OMHS a significant part of her education.

“Our nurses are such great teachers,” she said. “The ones I have been assigned to work with are awesome.”

The next steps for Christian include a bachelor of science in nursing and eventually becoming a nurse anesthetist. But she said she knows where she wants to be.

“This is my home, that’s for sure.”



Christian



Owensboro
Medical Health System

Volunteer For an NCLEX® Item Development Panel— Help to Shape Future Licensing Examinations!

by Patricia Spurr, EdD, RN, *Nursing Education Consultant*

The National Council of State Boards of Nursing invites Kentucky RNs and LPNs working with newly licensed nurses to apply to be considered for an NCLEX Item Writing or Item Review Panel. You may be eligible if you teach, supervise, mentor and/or precept nurses within 6-12 months of their graduation from a nursing program.

As a review, any nurse, RN or LPN, to be licensed must pass the national licensing exam (either NCLEX-PN® or NCLEX-RN®). How does this national licensing examination come into being? It undergoes an 18-step process, but two of the very important steps—that of item writing and item review—are completed by currently licensed and employed nurses throughout the U.S.

Item writers create the items (questions) for the NCLEX examination. To qualify as an item writer for the NCLEX PN exam, you must be: 1) An RN or LPN; and 2) responsible for teaching basic/undergraduate students in the clinical area, or currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months. LPNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

To qualify as an item writer for the NCLEX-RN exam you must be: 1) An RN with a masters degree or higher; and 2) responsible for teaching basic/undergraduate students in the clinical area, or currently employed in

clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.

Item reviewers review the items (questions) that are created by item writers. To qualify as an item reviewer for the NCLEX-PN exam you must be: 1) An RN or LPN; and 2) currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months. LPNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

To qualify as an item reviewer for the NCLEX-RN exam you must be: 1) An RN; and 2) currently employed in clinical nursing practice, working directly with nurses who have entered practice within the last 12 months.

Because the examination is a national examination, it is important that all areas of the country be represented in developing the examination. For this reason, as nurses licensed in Kentucky, you are encouraged to seriously consider participating in the process as a volunteer item writer and/or item reviewer.

If you are chosen for a session, it will be either as a writer or reviewer or as an alternate writer or reviewer. You will usually be given about 3 months' notice as to when the session will be held. If you are chosen as an alternate, you will be asked to fill in if for some reason the writer or

continued on Page 30

Recruiting the best employees comes down to high standards and a careful process.



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we match your contributions by sixty percent, and that's up to six percent of your salary. (Compare that with any other hospital in the region. We're tops.)

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KBN Receives Recognition for “Most Spirited” Charitable Campaign

Governor Ernie Fletcher and Kentucky Employees Charitable Campaign (KECC) Chairman Ralph Hacker were in attendance to recognize KBN and outstanding Kentucky State Employee Cabinets for their achievements during the 2005 KECC campaign. At the Victory Celebration held on October 26, 2005, KBN received the Most Spirited Campaign Award, presented by Governor Fletcher. This award is given to recognize enthusiasm and spirit in running the KECC campaign. With just 46 employees, KBN raised \$6,452—a per capita gift of \$140.26. Kentucky Employees are an example of the state slogan “unbridled spirit(s)” as they helped raise \$1,350,000—an amazing 21% increase from last year. KECC is a partnership of Kentucky state employees and six accredited statewide charities, which together meet the health and human service needs of Kentucky. The six charities (Christian Appalachian Project, Community Health Charities, Easter Seals, Prevent Child Abuse Kentucky, Crusade for Children, and United Way), along with state employees, make a significant difference in the lives of families, friends, and

neighbors across Kentucky.

This year, KBN not only ran a very enthusiastic campaign by planning a variety of special events; they achieved outstanding results by surpassing the KBN goal of \$5000. KBN attributes the success of this year’s campaign not only to the very generous staff at KBN but to the

organized, creative, and hard working KECC Committee that planned a variety of special events that raised \$3000. Staff members serving on the committee were Dea Cook, Di Snawder, and Shannon Whitlock, while Laurie Googe served as the agency campaign coordinator.



KBN KECC Coordinator Laurie Googe accepts award from Gov. Ernie Fletcher

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Nursing Incentive Scholarship Fund

KBN administers the Nursing Incentive Scholarship Fund (NISF) that is established by KRS 314.025. Scholarships are supplied by funds received from penalties and fines assessed by the Cabinet for Health and Family Services and the Office of Inspector General (OIG), and by \$5 from the nurse licensure renewal application fee. NISF provides scholarships to Kentucky residents who will be attending approved prelicensure nursing programs (RN or LPN) or graduate nursing programs. The scholarship requires that a recipient must work as a nurse in Kentucky for one year for each academic year funded. The intent of the scholarship program is to address the nursing workforce needs throughout the Commonwealth and to give preference for these scholarships to financially needy residents, RNs pursuing graduate education (including BSN completion programs), and LPNs pursuing education as an RN. NISF recipients are selected individually using specified criteria.

The amount of the scholarship currently is \$3,000 per year. NISF scholarships may be

used for cost of living expenses, as well as school expenses. Students in prelicensure and BSN completion programs must complete a minimum of 15 credit hours per academic year for each \$3,000 NISF scholarship awarded. Graduate nursing programs require completion of 9 credit hours per academic year. Students must also maintain a minimum grade point average that will allow continuation in a nursing program. An applicant for an NISF award must be a Kentucky resident and have been admitted to a program of nursing. Applications for the NISF are accepted from January 1 to June 1 each year. Additional information about the scholarship program can be found on the KBN website at <http://kbn.ky.gov>.

Over the last five years, 943 scholarships have been awarded to eligible candidates. In this current biennium, \$1,281,000 was awarded in scholarships. The NISF Program enables Kentucky to proactively address the nursing shortage that is prevalent across the country.



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Jeanna Pohl, PhD, RN, ANP, FAAN
Nurse Educator

Nursing education... pass it on.

A faculty role has given me the opportunity to wear multiple hats professionally. I love the excitement of teaching and learning with students; knowing I have impact on others' lives. I'm rewarded by seeing bright students pursue their goals, take on leadership roles, work on research and practice ideas that effect patient care and quality of life, and challenge themselves to do their best and experiencing many who actually do it! Want to learn more about the career advantages of nursing education? Visit us at: www.nursesource.org

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reviewer is not able to attend as planned. The sessions are held in Chicago throughout the year. Each session lasts from 3 to 5 days. There are usually about 12 persons on each panel. Your travel and lodging expenses are paid, and a stipend to cover meals and other approved expenses is provided. Your travel and lodging arrangements will be made by the testing service. You will be housed in a quality hotel in downtown Chicago and will have the evenings free to enjoy the dining, entertainment or shopping

opportunities in Chicago. There is no reimbursement for your time spent, but you are awarded continuing education hours for participation.

If you are interested in responding to this invitation, you can access the online application at www.ncsbn.org. A brochure is also available by clicking on Testing Services, then NCLEX Development, then "Item development program brochure." A brief audio slide show is available by clicking on "Audio Slide Show: Get Involved with the NCLEX." **Volunteer today!**



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